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ABSTRACT

Ways hospitals can promote the psychological and social well being of young patients are explored in this paper. First, the importance of familiarizing the child with the hospital is emphasized. Second, emotions hospitalized children may feel and the possible causes of those emotions are listed. Third, methods hospital personnel can use to help children cope are pointed out. These methods include (1) allowing parents to be near their children throughout the course of treatment; (2) providing a safe, cheerful, and helpful environment; and (3) giving children opportunities to play. The parent program at Baltimore's Johns Hopkins Hospital is described, and guidelines for providing play activities are offered. In conclusion, uses of hospitalized children's creative writing, paintings, and drawings are discussed. It is pointed out that children's graphic and literary products can reveal children's interpretations of their illness and provide insight into children's self-concept, as well as other thoughts and feelings. Examples of hospitalized children's drawings are included and interpreted.
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THE HOSPITALIZED CHILD

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Children are not miniature adults or small replicas of grown-ups, they are different and need different treatment to grow. Childhood is the time when important elements of self-esteem are established in personality. Numerous studies associate a strong sense of self-esteem with the child's feeling of control over his environment. The hospital becomes a threat to the child's control and stability. When an adult is hospitalized, his normal way of living and activity is interrupted. He can resume the cycle when his health is restored. Children cannot do this. The growing child cannot afford to interrupt the cycle of his living and growth. So, we must find ways to allow the hospitalized child to go on with the rhythm of life. This paper deals with the child in the hospital and some of the ways they can cope with the new experiences and environment.

THE HOSPITAL

Knowing what the hospital is like can make it easier to be there for a child. The important thing to tell a child is that the main purpose of all hospitals is the same: to help you get better as quickly as possible, and send you back home where you belong, healthy again. The child must be familiar with the new environment prior to being left there. A child will be frightened or upset often. They may be very sick or in pain. On top of that, they must face a new experience, leave home, sleep in a strange place and be taken care of by people they do not know. Naturally they worry about what is going to happen to them. It also becomes important to mention here that the child should be told what is wrong and what will be done to repair the problem. So, now lets answer the question, what is going to happen to the child? How are the first few days the child is hospitalized?

Well, first step in the hospital will be the Admissions Office. The parents will be with the child, or someone close to the child if the parents are not available. At the Admissions Office parents, or whoever takes you to the hospital, will be asked many questions about the child's health and medical background.

Before leaving the Admissions Office a plastic wristband with the child's name is put around his wrist. Explain to the child that this ensures that everyone in the hospital knows who he is, even when he is sleeping.

Next the child goes to the part of the hospital where he will be staying. "Pediatrics" is a special section for the medical care of children ages newborn to twenty-one years old. Introduction to the nurses who will take care of the child is important, and then the child is taken to his specific room. So far so good, but in this young age group, the greatest threat is fear of being abandoned by the mother in such a weird place. Therefore, some hospitals in this country and in England have made arrangements that mothers may live in with their very young children. This plan is based on the same thinking as the rooming-in at birth. It will not fit all family situations, but may be of real value for some.

What advice can be offered to a mother preparing her young child for this experience? She can bring the child by the hospital ahead of time and take a walk around. Explain to the child that he will be in a room with two, four, or however many other children there will be. Also, explain that there is a playroom to play in, eating routines, and all kinds of special equipment. To some children this may all seem like a punishment, unless you explain to the child what is going to happen and show him around the new environment. The mother herself needs to be reassured that it's only natural for her son or daughter to cry when she has to leave. She should not avoid this by sneaking out. She can reassure him by telling the child that she will be able to find him, even if he is out of his room, or in the playroom. Some children cling to the room they were left in because they fear that their family won't be able to find them. It must be stressed that closeness between parents and children during the hospital stay is very important.

The hospital staff has to be alert to helping the child settle in. Members of the staff show the child around; where the toilets are, how the bed works, where the lights are, etc... Depending on the child's age and problem, certain things are necessary to discuss with him or her. Letting a child bring his or her own

nightclothes is a good idea, but not always possible. The staff members must be well informed on each child's situation(age, language, problem, etc..).

Later in the paper we will discuss ways of helping the hospitalized child cope with all the new experiences. We must keep in mind that if a child is not handled correctly it can scar him for life. Not physically, but emotionally. If the child is any of ours I'm sure we would want the best possible care, so we must give all children the right to the best possible care.

HOW IS THE HOSPITALIZED CHILD AFFECTED

The entrance into the hospital for a child is traumatic. We must look at the feelings a child in the hospital may be experiencing. The hospitalized child may become:

- | | |
|--------------------|---------------------------------|
| 1. Angry | 10. Defiant(won't eat, etc....) |
| 2. Aggressive | 11. Regressive |
| 3. Scared/Fearful | 12. Depressed. |
| 4. Frustrated | 13. Irritable |
| 5. Frightened | 14. Lonely/Feel abandoned |
| 6. Withdrawn | 15. Guilty |
| 7. Unhappy | 16. Neglected. |
| 8. Anxious | 17. Threatened |
| 9. Stressful/Tense | 18. Helpless |

What is the problem or problems that cause all these feelings?

1. Separation from parents, friends, pets, loved ones.(Separation Anxiety)
2. Uncertainty of what is going to happen.
3. New environment.
4. Unfamiliar people.
5. Afraid of what may be wrong with them.
6. Fear of dying.
7. Feelings of the hospital as a punishment for bad behavior.
8. Pain/Discomfort.
9. Neglected by the people who are supposed to love him.
10. Threatened by the newness of the whole experience.
11. Helpless because he or she has lost power or control of their lives.
12. Lack of social and verbal stimuli in some cases.

Work done by Erik Erikson, Anna Freud, Dave Prugh, Rene Spitz, and others has confirmed and underlined the necessity of further understanding the needs of children in times of stress, and meeting these realistically. During the last

three decades, an increasing body of research has indicated the importance of meeting the emotional and developmental needs of young children during times of hospitalization. Today there is still ample evidence that, while many children in American hospitals receive high-quality technical care, their social and emotional development may be permanently damaged because little attention is paid to their separation from the family. Next we will look at ways to help the child cope with these feelings.

WAYS TO HELP THE HOSPITALIZED CHILD COPE

What can we do to help the child to deal with all these feelings? How can we help parents face these dilemmas? How do we promote social and emotional development in the hospital environment? This section of the paper will point out some of the ways we can help the hospitalized child, his or her parent, and improve the children's Hospitals.

1. Include parents in the hospital program. A good example of this is:

The John Hopkins Hospital (Children's Medical and Surgical Center)

The John Hopkins Hospital is located in Baltimore. It consists of eight floors, all devoted to every phase for the care of children. Four floors have playrooms which are also used as school and dining areas. The Center included in its building plans facilities for eighty parents to stay overnight at any one time. There is no charge. Three floors have showers and dressing-room units, with ample space. Available on five floors are lounge chairs with ottomans that, pushed together, convert into cots. On the babies and toddlers' floor, which includes the premature babies unit, there is one sleeping unit with three cubicles for mothers, each opposite a baby's crib: each has curtains for privacy, a bed, and a bedside table.

The parent who brings a child to the John Hopkins Hospital is first introduced

to the policy of the hospital through the preadmission booklet prepared by the Child Life Department, a special department administratively within the Department of Pediatrics. The introduction is written by Dr. Cooke:

Parents are probably the most abused people on earth. If their children are ill, they may be considered neglectful. If they are well, the parents receive no credit. If a child does poorly in school, the parents are to blame for pushing too much or too little. If he does well, it is because the child is brilliant and has worked hard. No credit is given to the suffering mother and father. But I think parents are great, and I believe that most of them are willing to make tremendous efforts and sacrifices to help their children. We must count on the help of parents even at a time when they are most anxious and most concerned.....
.....The success or failure of a child's adjustment to the hospital is directly related to the reactions of his family to this experience....That is why we want you to be here with your child helping us as much as possible. We feel that if the parent knows what this hospital is all about, he or she will explain to the child much of what goes on far better than any of us can.....

....We want you as a member of the hospital team; it will help your child's recovery.....¹

The booklet explains hospital procedure from admission through to hospital routine. After the various floors are described, there is a page of information for the parent who wishes to stay for the night, listing the facilities, describing the role of the Living-In Coordinator, and suggesting clothes that would be most comfortable. Visiting the Children's Center at almost any hour, one is impressed by the number of parents in evidence, either in the waiting areas or engaged in caring for the children. The booklet lists, finally, a glossary of the medical initials and terms that a parent might want clarified, a bibliography of children's books helpful in explaining hospitalizations, and key telephone numbers the parent might need.

It is a remarkable booklet in that it emphasizes hospital facilities from the point of view of the parents making use of them. Other hospital pamphlets are often titled with only the name of the hospital or the word, Admissions and then

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the name.

Mealtime is an important part of the total child-care program and special pediatric dieticians plan attractive, well-balanced meals that appeal to young patients. The parents are welcomed at meals. A child's appetite may decrease when he is sick, and the strangeness of the hospital may take away all interest in food. Unless there is a special medical reason for eating all the food served, it is generally necessary only to encourage a child to taste everything and to eat as much as he can; he will know the amount that is right for him. Desserts are part of the balanced diet and are not withheld from the diet.

This particular hospital takes into consideration the parents, as well as, the child. Just as in preschools we need to involve the parents more like this hospital does. Parents must be: prepared, educated and supported in helping their children.

2. Provide a safe, cheerful, and helpful environment.
3. Play - All children need play. Like we stated previously, growing and learning should not stop because a child is hospitalized. Erikson writes that "to play out is the most natural auto-therapeutic measure childhood affords. Whatever other roles play may have in the child's development.....the child uses it to make up for defeats, sufferings, and frustrations."²

Play is a natural phenomenon that leads to learning; it is imaginative, yet is related to reality. Play fosters and reflects the complexities in the style of emotional development. Through play, the young child expresses his feelings---fantasies, fears, and conflicts-----in an effort to cope with them, and in doing so moves toward psychologically more mature behavior.

Illness and hospitalization constitute a major stress in early development. They effect a profound change in the child's life style; he faces separation from his parents and from the security of home routines. He also finds himself at the

²Erikson, E.H. Studies in the interpretation of play. Genetic Psychology Monographs, 22:561, 1940.

mercy of a hostile environment---a world of unfamiliar sights, sounds and smells, and of strange people who inflict pain. Tensions increase in this anxiety provoking atmosphere, especially when facilities for maintaining normal activity are not available. Play restores, in part, normal aspects of living and prevents further disturbance. Also, it provides the child with the opportunity to reorganize his life; thus, it reduces anxiety and establishes a sense of perspective. When the opportunity for play is not available, destructive and unmanageable behavior is frequently the outcome.

Included in the hospital staff should be a play therapist or child life specialist who organizes, structures, and works out the play environment for the hospitalized child. He or she should keep these points in mind when preparing and planning for the child in the hospital:

1. Provide a safe playroom which is colorful and has ample amount of equipment, materials, books, toys, and space.
2. Allow the child to play with something you know he will succeed with to boost his morale.
3. Observe what the child as an individual needs.
4. Diagnostic use of play - Play is an important diagnostic instrument. It increases our knowledge of the child's mental life---of his deeper reactions to events. In the hospital setting, play reflects the child's meaning of being away from home and the effects of medical routines and personnel on him. It can highlight areas of misinterpretation that require further intervention for the integration of experiences.
5. Know what the limits of each child is. Example: If a child only has one hand or leg provide activities suitable.
6. Allow for group play, even if it means bringing a child's bed in the playroom. This provides for socialization among children.
7. Permit a child to play at his own pace.
8. Play for a child who cannot play for himself. Example: Bobby, age $2\frac{1}{2}$ was extensively burned over his entire body; as a result, he was completely immobilized. Prepare a story of the three bears and improvise so that the bear has to go to the hospital.
9. Make available toys which can allow the child to act out his operation, injections, putting on a cast, putting in an IV, etc...
10. Supply a good number of books which deal with hospitals and death.
11. Equipment should be a challenge, as well as, enjoyable.

What should a play area include? What AREAS OF ACTIVITY?

1. Needle Play - Injections, part of the treatment of almost all pediatric patients are universally feared. The importance of therapeutic play in this area cannot be overstressed. A child will interpret any sharp object stuck into his body as a brutal attack by a more powerful person. Having equipment easily available in a dramatic play equipment drawer on the units allows for spur of the moment action. Necessary props for I.M., I.V. and finger tip needle play are stuffed dolls or animals, alcohol, wipes, syringes and needles, 30 cc. water vials labelled for dramatic play, miniature I.V. sets made with discarded I.V. tubing, clamps, and small bottles, medicine cups, small tourniquets, tongue blades, blood tubes, adhesive tape, and band-aids. Older children prefer withdrawing fluid from vials while younger children are more adept at drawing water into a syringe from a wide-mouthed container. Some patients may not want to give an injection to a favorite doll, but they accept substitutes easily.
2. Dramatic Play & Music - takes them away from anxiety and tension. Movement games allow them to move muscles of their bodies.
3. Arts & Crafts(Play dough, clay, sand art, markers, crayons, fingerpaints) Including some messy materials(fingerpaint, water play,etc...)
4. Puppets - can be used to vent feelings by the hospitalized child.
5. Constructive and Manipulative Area(Blocks, puzzles, peg boards, carpentry blocks, toys, etc...)
6. Cooking - Child's senses are stimulated. Be careful of long sleeve hospital gowns.
7. Games - bowling, checkers, balls, etc...'
8. Audiovisual materials-develop language.
9. Books - about being in the hospital, importance of love, family, and death.
10. Science - Dolls to operate on or put a cast on.
11. Playground for outdoor play. Not all hospitals have this, but it can be quite useful. Fresh air can do wonders for the hospitalized child if it is possible.
4. When someone dies on the floor children worry about themselves. We must reassure the other children with great conviction that he or she won't die. Young children need that reassurance and also discuss death with them. Death should not be a quiet subject. Children need honesty and truths.
5. Keep in mind the amount of bed rest necessary in each case.

CHILDREN TELL STORIES WHEN THEY DRAW AND WRITE

Another stimulation for learning comes through creative writing. When we listen to the stories children tell and look carefully at the pictures they

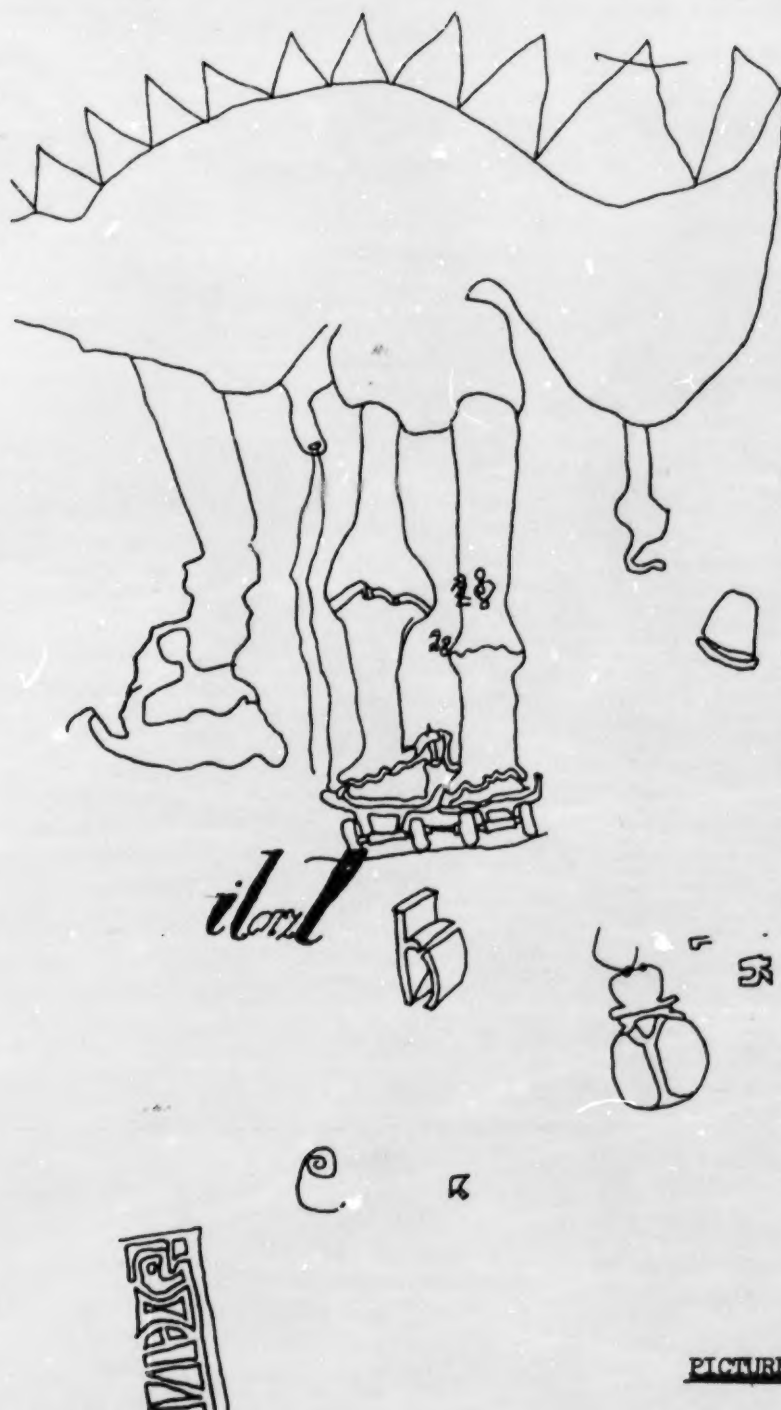
draw, we learn a lot about what illness means to them. The children's language and thoughts are spontaneous and most vivid in their directness. Few write their own stories; most dictate them.

Self-expression through writing helps children retain or regain their self-image and gives us insight into their thoughts and feelings. Let's look at another medium, graphic expression. The drawings and paintings children make show how they interpret the threats of illness and let us in on their thoughts. Picture #1 was done by Nancy, a seven-year-old suffering from rheumatic fever complicated by severe pericarditis. She was very irritable, unusually fearful of x-rays and blood drawings. After a stormy visit to the x-ray she was asked whether she would like to draw what was done. She eagerly produced the following picture. The x-ray table is clearly visible with the heart on it. She was asked what was around the heart and answered: "Don't you see, these are the murmurs. If a murmur touches my heart I must die." No wonder she put up such a fight about going to x-ray! This teaches us still another lesson: Nancy had picked up the word murmurs on rounds and since many medical students were asked to listen to her murmurs, they took a threatening form in the child's fantasy. This drawing done by Nancy allows us to talk to her about the fears she has and explain about murmurs. Explain to her that murmurs are only heard, not seen. The little girl in the picture also has the heart and G.I. tract under her dress. We can't change her feelings, but can possibly help her to understand better so she can cope better.

Picture #2 is done by a boy named Louis. He is a brain-damaged inner-city child, one of eleven children, who is suffering from Christmas disease, a hemophilia-like disease. Since he had serious intracranial bleeding as a very young child, his vision is gone in one eye. The highest I.Q. he ever achieved in testing was 56. Communicating through language was exceedingly difficult. This child told us in his drawings what he could not put in sentences. His attention to details is astounding. Louis was not in school until he was ten years old and we could find a place for him in a newly opened class for retarded, physically handicapped children. First let's look at the dinosaur picture. The dinosaur is a touching

PICTURE # 1





PICTURE # 2



PICTURE # 2

fulfillment. Through the picture we can see that he has swollen knees(they look like Louis' when he's bleeding into his knee joints), he is on roller skates, and impossibility for a bleeder who wears a long leg brace and has poor vision. The other drawing transmits the feeling of misery Louis experiences at admission during a bleeding episode.

Picture #3 shows a series of three pictures by and eleven-year-old boy. He had to under go liver surgery. He drew them himself and they are self explanatory.

The last picture, #4, is a painting done by a fourteen- year-old boy, expressing the misery,an adolescent finds himself in when hospitalized. These feelings are accentuated when procedures have to be done in the genital area. This boy suffered from unexplained hematuria(hemorrhaging from the veins). He painted the picture and dictated the poem which was reproduced from under the picture:

A Walk Into Nothingness

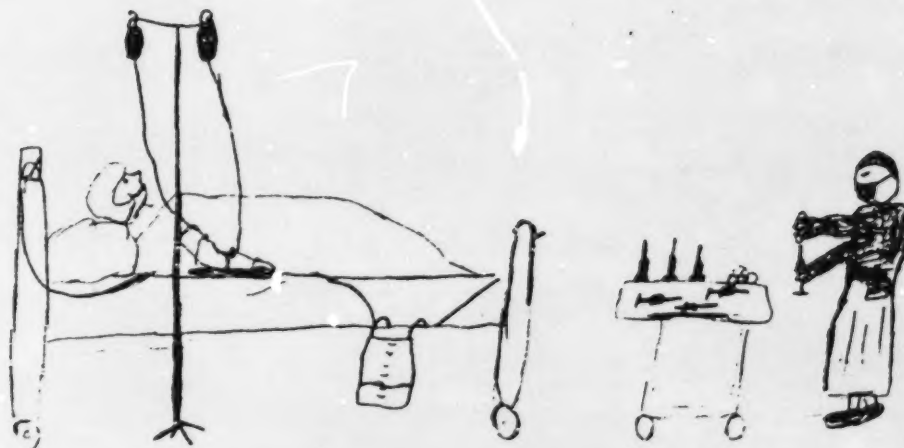
It's just mostly like the end of the world
With broken down buildings and torn up land
And you're the only one left
And you're all alone
Walking into nothingness.

This could be any adolescent's feelings about himself- but there was an additional quality of hopelessness which made me look at the picture again. The boy has no hands. According to Dr. Reich, who works with these drawings and their meanings, the fact that the boy has no hands says a lot. He is powerless. None of the testing showed that he had the disease. The boy, greatly relieved his brought on illness by frequent talks with his doctor. This drawing helped the doctors to direct this boy through his problem.

PICTURE # 3



WOULD YOU BE HAPPY?



PICTURE # 3

PICTURE # 3



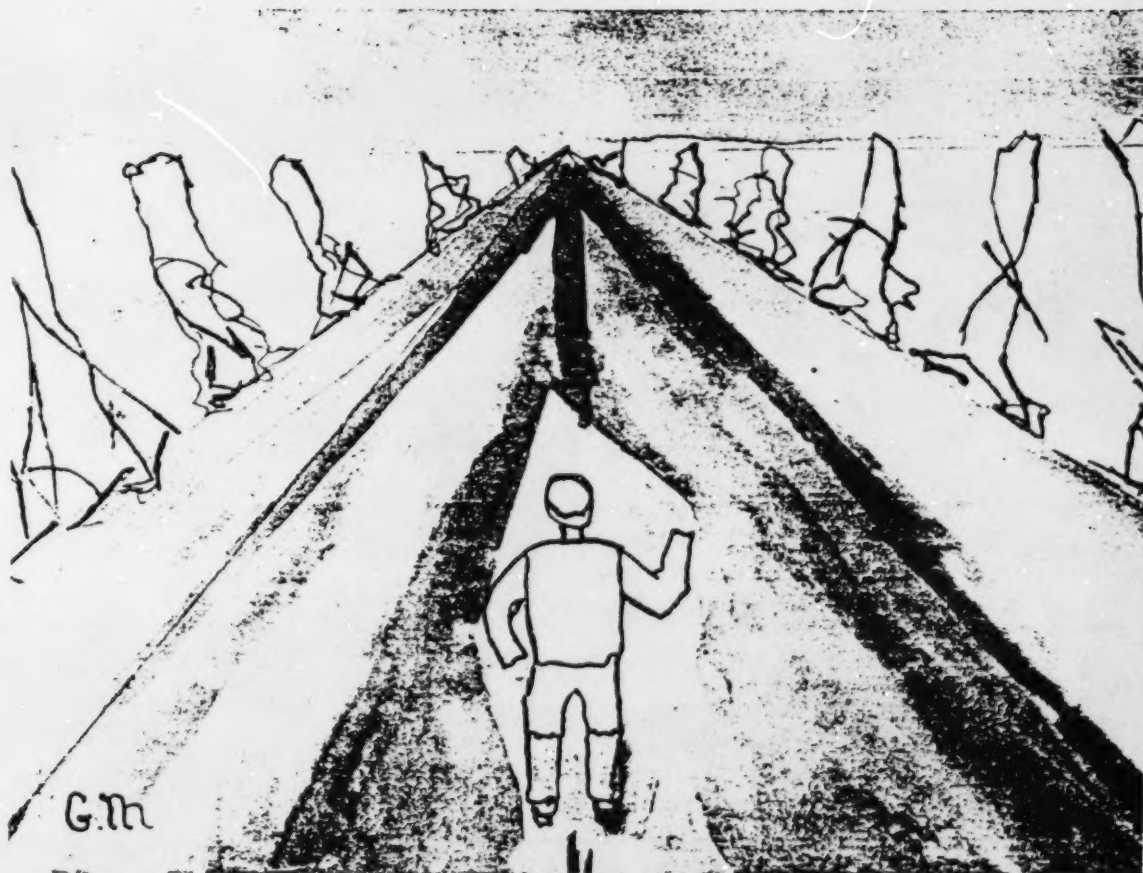


FIGURE # 1

CONCLUSION

The hospitalized child needs to be aided and I feel that at many hospitals we are neglecting the emotional and social sides of the child. Even as pre-school teachers, we must prepare for the child who will get ill by planning activities which deal with being in the hospital. One other point comes to my mind, when I think of being in the hospital I recall one incident that happened to me personally. I had been watching TV the night before I had my eye operated on and one nurse came in to check on me and passed a little remark in a joking manner about not being able to see. It was supposed to be humorous, but I became quite upset because I don't find sight a joking matter. Joking is out of the question. Children take adult jokes seriously.

The importance of meeting a child's needs can't be expressed enough. Each child is an individual and we must remember that. Set up that playroom as close to a preschool as possible and involve the parents in the hospitalized child's care. I found myself thinking about how I might feel as a parent if my child went in the hospital. Parent's should play a key role in the Pediatric Department. Also, in Chicago we have a very well known hospital for children, Children's Memorial. I will make it a point to become familiar with all they have to offer in the near future. The more I read the more I realize how important it is for each of us as teachers of young children to become involved in deeply researching and setting a well rounded environment for all children. The more I learn about children, the more I realize I still have to learn.

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